



Request for Quote

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 17-SEP-13
BID NUMBER: 7511370
TITLE: REHABILITATION (THERAPIST) SERVICES
(11/1/13 - 10/31/16)

BLANKET START : 01-NOV-13
BLANKET END : 31-OCT-16
BID CLOSING DATE AND TIME: 08-OCT-2013 10:45:00

BUYER: Melillo, Charlotte A
PHONE #: 401-574-8110

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DHS VETERANS HOME
480 METACOM AVE
BRISTOL, RI 02809
US

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

Requisition Number: 1334692

Line	Description	Quantity	Unit	Unit Price	Total
1	11/1/13 - 10/31/14 REHABILITATION (THERAPIST) SERVICES PER BID 7511370 BID SPECIFICATIONS. QUESTIONS CONCERNING THIS BID SHOULD BE DIRECTED TO: charlotte.melillo@purchasing.ri.gov * PHYSICAL THERAPY TREATMENTS-SKILLED PHYSICAL SERVICES TO BE PROVIDED TO THE PATIENTS AT THE RI VETERANS HOME WITH APPROPRIATE NEEDS AS ORDERED BY THE PHYSICIAN AND AS PHYSICAL THERAPY EVALUATIONS DEEEM NEEDED 11/1/13 - 10/31/16	1.00	Each		
2	OCCUPATIONAL THERAPY TREATMENTS FOR THE PATIENTS AT THE RI VETERANS HOME. 11/1/13 - 10/31/16	1.00	Each		
3	CORRECTIVE PHYSICAL THERAPY SERVICES (PHYSICAL THERAPY ASSISTANT) AT THE RI VETERANS HOME. 11/1/13 - 10/31/16	1.00	Each		
4	CORRECTIVE PHYSICAL THERAPY SERVICES (OCCUPATIONAL THERAPY ASSISTANT) AT THE RI VETERANS HOME. 11/1/13 - 10/31/16	1.00	Each		

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

PHYSICAL THERAPY/OT/PTA/COTA BUNDLED CONTRACT SERVICES

To improve the overall continuity of care provided within the above related fields, the Physical Therapy, Occupational Therapy and their respective assistants (PTA,COTA) should be bundled into one company contract. This will allow for proper supervision and a unified chain of command that has in prior years impacted the efficiency of specialty disciplines.

Due to the actual acuity and forecasting of patient needs with the facility, the following hours will allow for the facility to meet the Federal and State regulations and requirements needed to maintain a substantial compliance status during annual surveys.

Physical Therapist	40 hrs/week
Occupational Therapist	4 hrs/week
P.T. Assistant	64 hrs/week
O.T. Assistant	40 hrs/week

*The specific duties and responsibilities for each discipline are attached.

SPECIFICATIONS

PHYSICAL THERAPY PROCEDURES AND DOCUMENTATION

1. Therapy is to be made aware of new order by M-11 consultation forms.
2. At this time there should be a Physicians order for PT in the chart.
3. Order should read PT evaluation & treatment as indicated. Therapy initial evaluations and plan of care completed if appropriated to IX.
4. Skilled patients, especially orthopedic/surgery patients must be evaluated within 24 hours of discharge from hospital.
5. Indicate "Initial Eval. Completed" on M-11 sheet in consultation section. Indicate recommendation ie; PT 2 x per week, date, and sign. These forms are placed in front of the patients chart with notation of completed evaluation noted MD's daily list.
6. Initial evaluation needs to be signed by MD, then filed in chart.
7. If PT not appropriate, a full evaluation sheet does not need to be completed. Summarize findings on M-11 form, date, and sign. This will be signed by MD and filed in patients chart.
8. PT to write weekly progress notes in patient charts, on skilled patients, date and sign.
9. Completed re-evaluation on monthly basis; of skilled level patients, indicate progress in relation to plan of care if patient is to continue with IX.
10. Re-evaluation needs to be signed by MD then filed in chart.
11. Discharge summary completed at termination of IX. This may be in form of re-evaluation with no continuation recommended or it may simply be written out in progress note form. Title the note "D/C Summary".
12. D/C orders in patients chart in Physician order section. To be written by nurse and signed by MD.
13. Supervise the in-house restorative physical therapist. Therapist to report to Director of Nurses.

TREATMENT TIMES ARE AS FOLLOWS:

45 Minutes for patient evaluation and 15 minutes for completing M11 forms (evaluation referral from physician) and 15 minutes for expanded evaluation sheet.

Follow-up Visits:

30 minutes for treatment and 15 minutes to complete progress notes.

SPECIFICATIONS

OCCUPATIONAL THERAPY PROCEDURES AND DOCUMENTATION

1. Therapy is to be made aware of new orders by M-11 consultation request form
2. At this time there should also be a physicians order form for O T in the chart
3. Order should read O T evaluation and treatment as indicated. Therapy initial evaluation and plan of care completed if appropriated to treatment
4. Indicate "Initial Evaluation Completed" on M-11 sheet in consultation section. Indicated recommendation i.e., O T 2 x week, date and sign. *These forms are sent back to the unit via unit folders in Business Office
5. Initial evaluation needs to be signed by MD then filed in chart
6. If patient not appropriate a full evaluation sheet does not need to be completed. Summarize findings on M-11 form, date and sign. This will be signed by MD and filed in patients chart
7. O T to write weekly progress notes in patients charts, date and sign
8. Complete re-evaluation on monthly basis; indicated progress in relation to plan of care if patient is to be continued with treatment
9. Re-evaluation needs to be signed by MD then filed in chart
10. Discharge summary completed on termination of treatment. This may be in the form of re-evaluation with no continuation recommended or it may simply be written out in progress note form. Title the note "D/C Summary"
11. D/C orders in patients chart in physician order section. To be written by the nurse and signed by the MD
12. O T must provide in-service education session to RI Veterans Home staff to include the following:
 - A. Back injury prevention
 - B. Grooming and dressing
 - C. Restraint reduction
 - D. Range of motion and positioning and ambulation
13. Must meet all documentation requirements of RI Veterans Home

SPECIFICATIONS

PHYSICAL THERAPIST ASSISTANT

1. As prescribed by the physician and registered therapist, follow medically prescribed therapy program in facility, to restore function and help the patient reach his maximum performance
2. Follow the planned therapy program by the physician and registered physical therapist for each patient referred, involving physical measures such as exercise, heat and water
3. Direct and aide patients in active and passive exercises, muscle education, gait training and functional training, utilizing pulleys, weights, stairs, ramps, and bicycle
4. Make use of equipment such as ultrasound, whirlpool, and hot packs
5. Direct patient in use and care of wheelchairs, braces, canes, crutches, prosthetic and orthopedic devices
6. Adapt conventional therapeutic techniques to meet the needs of patients unable to comprehend verbal commands
7. Evaluate recommendations to Registered Physical Therapist on needed PT supplies and equipment
8. Conduct training of medical, nursing personnel and students in rehabilitation techniques and objectives
9. Physical Therapist Assistant to report the Registered Physical Therapist and in Registered Physical Therapist absence, report to Director of Nurses
10. Hours and days to be determined
11. Contractor supervisor must meet monthly with Homes Registered Physical Therapist and Director of Nurses to review any issues the Home or contractor may have EX Training of medical/nursing

personnel in rehab techniques. Meeting the rehab needs of residents who cannot travel to PT Department. Discuss new rehab techniques

12. Monthly meeting must be documented

- ◆ Provide physical therapy services at the RI Veterans Home, with a focus on therapeutic fall prevention treatments and therapeutic group activities, under the supervision of a Licensed Physical Therapist.
- ◆ Offer high quality, effective patient care and customer service that assists in patient compliance and with a focus on decreasing falls.

OCCUPATION THERAPIST ASSISTANT

POSITION SUMMARY:

Therapist to work 6 hours/day Monday thru Friday

Provides occupational therapy services to the adult and the geriatric residents of the facility under supervision of an occupational therapist according to Rhode Island Veterans Home and state regulatory policies.

QUALIFICATIONS:

Successful completion of a approved 2-year Occupation Therapist Assistant degree program. Has a current Rhode Island license or is a graduate of a COTA Program who has filed a completed application for licensure in Rhode Island and who will be taking next scheduled exam.

KEY FUNCTION

- Demonstrates understanding of Rhode Island Veterans Home Mission Statement
- Demonstrates understanding of job description, performance expectations, and competency expectations
- Complies with Rhode Island Veterans Home and department policies and procedures
 - *Reviews policies and procedures
 - *Reviews employee handbook
- Completes mandatory safety management education, life safety, infection control, job specific
- Participates in departmental and/or interdepartmental quality improvement activities

TREATMENT SKILLS:

- Under direction of Occupational Therapist, implements appropriate treatment techniques for rehabilitation of residents of any diagnosis
- Addresses specific treatment needs of rehabilitation residents, adult, geriatric
- Addresses special needs (conditions that may impact goal achievement) and modifies treatments accordingly
- Collaborates with Occupational Therapist to update goals/plans in accordance with patient needs
- Demonstrates knowledge of residence rights
- Demonstrates the ability to educate the residents, family and caregivers
- Coordinates plan of care with all members of the healthcare team, residents family
- Communicates residents status/progress to all members of the treatment team
- Terminates resident treatment per department policy

DOCUMENTATION SKILLS:

- Documents accurately, concisely, legibly, and in a timely manner per department policy
 - *Progress notes
 - *Therapy record
 - *Familiar with use of computers and documentation
 - *Proper documentation on time and log sheets daily
 - *Do all other work as related and as needed

REQUEST FOR QUOTE # 7511370

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

MULTI YEAR

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

INSURANCE

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

LICENSE

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

RIVIP

IT IS THE VENDOR'S RESPONSIBILITY TO CHECK AND DOWNLOAD ANY AND ALL ADDENDA FROM RIVIP. THIS OFFER MAY NOT BE CONSIDERED UNLESS A SIGNED RIVIP GENERATED BIDDER CERTIFICATION COVER FORM IS ATTACHED AND THE UNIT PRICE COLUMN IS COMPLETE. THE SIGNED CERTIFICATION COVER FORM MUST BE ATTACHED TO THE FRONT OF THE OFFER. WHEN DELIVERING OFFERS IN PERSON TO ONE CAPITOL HILL, VENDORS ARE ADVISED TO ALLOW AT LEAST ONE HOUR ADDITIONAL TIME FOR CLEARANCE THROUGH SECURITY CHECKPOINTS.

THIS OFFER MAY NOT BE CONSIDERED UNLESS BIDDER CERTIFICATION COVER FORM IS ATTACHED AND THE UNIT PRICE COLUMN IS COMPLETED. THE SIGNED CERTIFICATION COVER FORM MUST BE ATTACHED TO THE FRONT OF THE OFFER. WHEN DELIVERED OFFERS ON PERSON TO ONE CAPITOL HILL, VENDORS ARE ADVISED TO ALLOW AT LEAST ONE HOUR ADDITIONAL TIME FOR CLEARANCE THROUGH SECURITY CHECKPOINTS.

DELIVERY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.